Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/04/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE NURSING HOME	**2901 HIGHWAY 82 EAST P O DRAWER 1670, GREENWOOD, Mississippi, 38930**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0000	Initial Comments The State Agency (SA) conducted an onsite complaint investigation for (CI MS # 477344) related to abuse and injury of unknown origin and two (2) facility reported incident investigations (Incident # 2563831 and Incident #477346) related to abuse at the facility on 9/03/25 through 9/04/25. During the survey, SA determined that the facility was not compliance of the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm (Incident #477346 and #2563831) and cited M 500. The SA investigated CI MS # 477344 with no deficiencies cited. The census at the time of the survey was 83 with a bed capacity of 95 beds.	M0000		
M0500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as	M0500		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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M0500	Continued from page 1 documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be	M0500		

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M0500	Continued from page 2 used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically	M0500		

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M0500	Continued from page 3 contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on resident and staff interviews, record review, and facility policy review, the facility failed to ensure a resident was free from misappropriation of property for (Residents #1) and failed to ensure resident grievances regarding missing property were fully investigated and resolved for (Residents #1, #2, and #3) for (3) three of (7) seven residents reviewed for resident rights. Findings include: Review of the facility policy titled, Resident and Family Grievances (dated April 2017), revealed: “The facility will make prompt efforts to resolve grievances… The written decision will include a minimum: a summary of the pertinent findings or conclusions regarding the resident’s concerns… any corrective action as a result of the grievance.” Review of the facility policy titled, Abuse, Neglect, Exploitation (revised August 2018), revealed: “Each resident has the right to be free from... misappropriation of property...Misappropriation of Resident Property’ means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident’s belongings without the resident’s consent..." Resident #1 Record review of a “Missing Item Report” dated 6/27/25 documented Resident #1’s iPhone with a pink case as missing. The follow-up/results section was blank. In an interview with the Administrator (ADM) on 9/3/25 at 8:40 AM, she confirmed Resident #1 reported her phone missing on 6/27/25. Staff tracked it with her iPad, which pinged at Housekeeper #1’s address. She stated video footage showed Housekeeper #1 entering	M0500		

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M0500	Continued from page 4 Resident #1's room at 1:27 PM, discarding the phone case, concealing the phone in her bra, and leaving the room. Police were notified the same day, and the housekeeper was terminated and later arrested. She confirmed the facility did not reimburse or replace the phone. In an interview with Resident #1 on 9/3/25 at 9:20 AM, she stated she spoke to her daughter on her phone at 11:30 AM, dozed off after lunch, and woke to find it missing. She reported it to staff who tracked it and confirmed the location. She stated she was told the housekeeper was fired but the facility never reimbursed or replaced the phone, and her daughter purchased one for her. Record review of the "Admission Record" revealed Resident #1 was admitted on 6/7/25. Record review of the Brief Interview for Mental Status (BIMS) dated 6/7/25 revealed a score of 15, indicating the resident was cognitively intact. Resident #2 Record review of a "Missing Item Report" dated 6/11/25 documented Resident #2's red iPhone 11 as missing. The follow-up/results section was blank. During an interview with Resident #2 on 9/3/25 at 12:10 PM, he stated he reported his phone missing in June, staff searched but never found it, and "it doesn't seem like I will be getting another one." During an interview with Resident #2's representative on 7/2/25 at 4:00 PM, she confirmed she was notified of the missing phone but stated the facility never offered reimbursement or replacement. Record review of the "Admission Record" revealed Resident #2 was admitted on 7/26/24. Record review of the BIMS dated 8/14/25 revealed a score of 12, indicating the resident was moderately cognitively impaired. Resident #3 Record review of a "Missing Item Report" dated 6/5/25 documented Resident #3's black iPhone 16 as missing. The follow-up/results section was blank. Record review of the "Admission Record" revealed Resident #3 was admitted on 7/17/24. The BIMS dated	M0500		

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M0500	Continued from page 5 7/22/25 revealed a score of 11, indicating the resident was moderately cognitively impaired. During an interview with Certified Nurse Assistant (CNA) #1 on 9/3/25 at 12:00 PM, she stated she was in Resident #3's room and the resident reported his cell phone missing. She confirmed he had not received a replacement. In an interview with the ADM on 9/4/25 at 8:35 AM, she confirmed the cell phones for Residents #1, #2, and #3 were never located or replaced. She stated she reviewed video footage of Residents #2 and #3's rooms but could not substantiate misappropriation. During an interview with the Social Worker on 9/4/25 at 8:40 AM, she confirmed she searched for the phones of Residents #1, #2, and #3 but did not find them. She stated all three residents used their cell phones regularly and kept them within reach. She also confirmed the Missing Item Reports for all three residents contained no documentation of a resolution.	M0500		